

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board Division, Department, or Region (if applicable) Chair's Office/Office of Legislative Affairs Street Address 1001 I Street Sacramento, CA 95812 Area Code/Phone Number Email (916) 445-5507 Claudia.Nagy@arb.ca.gov Agency Contact (name and title) Claudia Nagy		Date Stamp	California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)			

2. Donor Name and Address

☐ Individual _____ ☒ Other Paulson Institute
 Last Name First Name Name
Units 1019, Office Tower 1, Sun Dong An Plaza Beijing China
 Address City State Zip Code
 Nonprofit think tank to strengthen US-China relations, & advance sustainable economic growth & environmental protec'tn
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment San Francisco, CA to Beijing, China May 6, 2018 - May 10, 2018
 Location of Travel Dates (month, day, year)
United Airlines ☐ Rail ☒ Air ☐ Bus ☐ Auto ☐ Other Grand Hyatt Beijing
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ 810.00 \$ 595.00 \$ 865.00 \$ 25.00 \$ 2,295.00
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ _____
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Air travel, accommodations, meals, transportation, and incidentals to travel from San Francisco, CA to Beijing, China to participate as an invited speaker at the Paulson Institute's 2018 Annual Conference on Sustainability.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Vergis</u>	<u>Sydney</u>	<u>Legislative Director</u>	<u>Air Resources Board</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	<u>Claudia Nagy</u>	<u>Executive Director</u>	<u>6/5/2018</u>
Signature	Print Name	Title	(month, day, year)

Comment:

(Use this space or an attachment for any additional information)